

CERTIFICATE OF OCCUPANCY CITY OF WAVELAND

that at the time of issuance, this structure was in compliance with the various ordinances of the City of Waveland regulating building construction or use. This Certificate is issued pursuant to the requirements of the 2012 International Codes Council certifying

Certificate #:1718834

Issued to: IVEY, BILL

Building Address: 106 ADRIENNE CT

City, State, Zip: WAVELAND, MS 39576

Issued Date: 03-30-2018 Expires: End of occupancy

Occupancy Type: R-1 SFR Home

Sprinkler System Required:NO
Special Conditions: None

Building Official

81.05.18

ate

2018 3914
Recorded in the Above
Deed Book & Page
03-29-2018 03:35:28 PM
Timothy A Kellar
Hancock County

NONCONVERSION AGREEMENT with CITY OF WAVELAND, MISSISSIPPI

	This D	ECLARATION made this 29th day of March, 20 18, by Bill Ivey
	WITNE	SSETH: (OWNER) having an address at \(\iiii)\(\lambda\) Adrience Ct.
	WHER	EAS, the Owner is the record owner of all that real property located at A drienne Cf-
	In the C	City of Waveland, MS, in the County of Hancock, designated in the Tax Records as \(\frac{161C-C)-OZ-174.000}{\text{EAS}}\). EAS, the Owner has applied for a permit to place a structure on that property that has an enclosed area below the base
	flood el	evation constructed in accordance with the requirements of Article No. 5, Section "B" paragraph 5 of Waveland By a section "B" by a section "B" paragraph 5 of Waveland By a section By a
	Floodpi	lain Management Ordinance of Number 342 and under Permit Number 1718834.
	WHERE	EAS, the Owner agrees to record this DECLARATION and certifies and declares that the following dyenants
	condition	ons and restrictions are placed on the affected property as a condition of granting the Permit, and affects rights and one on softhe Owner and shall be binding on the Owner, his heirs, personal representatives, successors future owners,
	and ass	signs.
	HPON.	I certify this instrument was til
	OI OIV	THE TERMS AND SUBJECT TO THE CONDITIONS, as follows: 03-29-2018 03:35:20 MC COUNTY and recorded in Deed Book
	1.	The structure or part thereof to which these conditions apply is: 2018 at Pages 3914 3914 Timothy A Kellar
	2.	At this site, the Base Flood Elevation is 19+1 feet above mean sea level, National Geodetic Vertical Datum.
	3.	Enclosed areas below the Base Flood Elevation shall be used solely for parking of vehicles, limited storage, or
		access to the building. All interior walls, ceilings and floors below the Base Flood Elevation shall be unfinished or constructed of flood resistant materials. Mechanical, electrical or plumbing devices shall not be installed below the
		Base Flood Elevation.
	4.	The walls of the enclosed areas below the Base Flood Elevation shall be equipped and remain equipped with
		openings as shown on the Permit.
·	5.	The jurisdiction issuing the Permit and enforcing the Ordinance may take any appropriate legal action to correct any
		violation. Any alterations or changes from these conditions also may render the structure uninsurable or increase the cost for flood insurance.
	6.	A duly appointed representative of the City is authorized to enter the property for the purpose of inspecting the
		exterior and interior of the enclosed area to verify compliance with this Declaration. Such inspections will be conducted upon due notice to the Owner and no more frequently than once each year. More frequent inspections
		may be conducted if an annual inspection discovers a violation of the Permit.
	7.	Other conditions:
		In witness where of the undersigned set their hands and seals this 24 day of March, 20-18
		With the state of the first than the first the search this the search this the search than the search that the
		WALL WILLIAM CERY COMME
State of M	lississipp	i County of Hancock (Seal)
antitolità il	I and tor	ed before me, the understined the said county and state, Timothy A. Kella *
ALI HILD	z dav	01 / //// 20 / 8
MIIO SCKUO	Wiedged	that he everytod the everytod the
above and	foregoin	g instrument. My Commission Expires Dec. 31. 2019

*** Certified Copy Page ***

I, Timothy A Kellar, Chancery Clerk, do hereby certify that the foregoing is a FULL, TRUE and CORRECT copy of the Instruments(s) herewith set out as same appears of record in: Deed BOOK - 2018, AT PAGE - 3914 in said court.

Witness my hand and seal this 29 Day of March, 2018.

Timothy A Kellar

Chancery Clerk

Hancock County, MS

DC:

Printed: 03-29-2018 03:36:03 PM Optical file reference: DF4A.7E2

U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2018

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1–9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

A1. Building Owner's Name Policy Number:	Y USE				
101 #2017-255					
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Company NAIC Number: 106 ADRIENNE COURT (Vacant Land)					
City State ZIP Code WAVELAND Mississippi 39576					
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 3, THE SOUTHEASTERLY ONE-HALF OF LOT 2, AND THE NORTHWESTERLY 20.0 FT. OF LOT 4, ADREINNE COURT S/D.					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential					
A5. Latitude/Longitude: Lat. 30-17-29.1 Long89-21-57.9 Horizontal Datum: NAD 1927 X NAD 193	83				
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.					
A7. Building Diagram Number5_					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade0					
c) Total net area of flood openings in A8.b 0 sq in					
d) Engineered flood openings?					
A9. For a building with an attached garage:					
a) Square footage of attached garage0 sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 0					
d) Engineered flood openings?					
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number WAVELAND 285262 B2. County Name HANCOCK Mississippi					
B4. Map/Panel B5. Suffix B6. FIRM Index Date B7. FIRM Panel B8. Flood Zone(s) B9. Base Flood Elevation (Zone AO, use Base	(s)				
28045C 0361 D 10/16/2009 Revised Date 10/16/2009 AE Flood Depth) 19					
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:					
☐ FIS Profile ☒ FIRM ☐ Community Determined ☐ Other/Source:					
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 X NAVD 1988 Other/Source:					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? \(\subseteq \subsete					
Designation Date: CBRS OPA					
CBNS					

IMPORTANT: In these spaces, copy the corresponding information from Section A. FOR INSURANCE COMPANY US						
Building Street Address (including Apt., Unit, Suite, and/or 106 ADRIENNE COURT (Vacant Land)	Policy Number:					
City Sta WAVELAND Mis	Company NAIC Number					
SECTION C - BUILDING EL	EVATION INFORMAT	ION (SURVEY RE	EQUIRED)			
	on Drawings*	ding Under Construing is complete. FE), AR, AR/A, AR/ In Item A7. In Puert NAVD 1988 v. FE.	raction* Finished Construction AE, AR/A1–A30, AR/AH, AR/AO.			
 f) Lowest adjacent (finished) grade next to building g) Highest adjacent (finished) grade next to building h) Lowest adjacent grade at lowest elevation of dec structural support 	(LAG)	14. 5 16. 0 N/A.	X feet			
SECTION D - SURVEYOR,	ENGINEER OR ARC	HITECT CERTIFI	CATION			
This certification is to be signed and sealed by a land sur I certify that the information on this Certificate represents statement may be punishable by fine or imprisonment un Were latitude and longitude in Section A provided by a lice	veyor, engineer, or arch my best efforts to inter der 18 U.S. Code, Sect	nitect authorized by oret the data availa ion 1001.	law to certify elevation information.			
Certifier's Name JASON P. CHINICHE	License Number P.E. 19732	I .				
Title PROJECT MANAGER Company Name JAMES J. CHINICHE, PA, INC. Address 412 HWY. 90, SUITE 2			P. CHI CO PROFES OF PROGRAMEER OF Seal Here 19732			
City BAY ST. LOUIS	State Mississippi	ZIP Code 39520	F OF MISSISS			
Signature Copy all pages of this Elevation Certificate and all attachment	Date REV 08/02/2017 nts for (1) community off	Telephone (228) 464-6755 icial, (2) insurance a	agent/company, and (3) building owner.			
Comments (including type of equipment and location, per NOTE: The description in A3. above is for information only map in section B4. Recommend verification of (BFE) by location of Comment is responsible for coordinating this certificate with Section C1 Construction Drawings: As of this date, no commanhole elevation 15.1 ft.	y & not to certify the but ocal building official. The Contractor and/or Build	e flood zone is dete ing Official as need	ermined by graphic plotting only. led. Waveland freeboard = 1 ft.			

U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2018

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A - PROPERTY INFORMATION FOR INSURANCE COMPANY US						RANCE COMPANY USE
A1. Building Owner's Name IVY #2017-405 Policy Number:						ber:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 106 ADRIENNE COURT (Vacant Land)						IAIC Number:
City WAVELAND			State Mississippi		ZIP Code 39576	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 3, THE SOUTHEASTERLY ONE-HALF OF LOT 2, AND THE NORTHWESTERLY 20.0 FT. OF LOT 4, ADREINNE COURT S/D.						
A4. Building Use (e.g., Resider	ntial, Non-Residential, A	ddition	, Accessory, etc.)	Residential		
A5. Latitude/Longitude: Lat. 3	0-17-29.1	Long	39-21-57.9	Horizontal Datun	n: NAD 1	1927 X NAD 1983
A6. Attach at least 2 photograp	hs of the building if the	Certific	cate is being used to	o obtain flood insura	ance.	
A7. Building Diagram Number	5					
A8. For a building with a crawls	pace or enclosure(s):					
a) Square footage of crawl	space or enclosure(s)		0 sq ft			
b) Number of permanent fl	ood openings in the cra	wlspac	e or enclosure(s) w	ithin 1.0 foot above	adjacent gr	ade0
c) Total net area of flood o	penings in A8.b0		sq in			
d) Engineered flood openir	gs? Yes X No)				
A9. For a building with an attacl	ned garage:					
a) Square footage of attact	ned garage 0		sa ft			
b) Number of permanent flo				ot above adiacent of	ırade	0
c) Total net area of flood op						
d) Engineered flood opening			34 111			
d) Engineered 1100d openin	igs? Lites Killin	_				
SE	CTION B - FLOOD IN	ISURA	NCE RATE MAP	(FIRM) INFORMA	TION	
B1. NFIP Community Name & C WAVELAND 285262	ommunity Number		B2. County Name HANCOCK			B3. State Mississippi
B4. Map/Panel B5. Suffix Number	B6. FIRM Index Date	E	IRM Panel ffective/ evised Date	B8. Flood Zone(s	(Zo	se Flood Elevation(s) ne AO, use Base od Depth)
28045C 0361 D	10/16/2009	the responsibility of the second seco	/2009	AE	19	ou Depui)
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: ☐ FIS Profile X FIRM ☐ Community Determined ☐ Other/Source:						
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 X NAVD 1988 Other/Source:						
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes X No						
Designation Date: CBRS OPA						

IMPORTANT: In these spaces, copy the corresponding inform	nation from Section A.		FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. 106 ADRIENNE COURT (Vacant Land)	No.) or P.O. Route and I	Box No.	Policy Number:
City State WAVELAND Mississipp	ZIP Code 39576		Company NAIC Number
SECTION C – BUILDING ELEVATI	ON INFORMATION (S	URVEY RE	QUIRED)
C1. Building elevations are based on: Construction Draw *A new Elevation Certificate will be required when construction.	• 🗀 •		tion*
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1 Complete Items C2.a–h below according to the building dia Benchmark Utilized: GPS DERIVED	I–V30, V (with BFE), AR agram specified in Item A Vertical Datum: NAVD	A7. In Puerto	E, AR/A1–A30, AR/AH, AR/AO. Rico only, enter meters.
Indicate elevation datum used for the elevations in items a)	-		
☐ NGVD 1929 ☒ NAVD 1988 ☐ Other/Source			
Datum used for building elevations must be the same as the			
		20.3	Check the measurement used.
a) Top of bottom floor (including basement, crawlspace, or	r enclosure floor)	20. 3 N/A	
b) Top of the next higher floor	-		X feet meters
c) Bottom of the lowest horizontal structural member (V Zo	ones only)	N/A.	X feet meters
d) Attached garage (top of slab)	200000000000000000000000000000000000000	N/A	x feet meters
 e) Lowest elevation of machinery or equipment servicing t (Describe type of equipment and location in Comments) 	he building)	<u>N/A</u> .	X feet meters
f) Lowest adjacent (finished) grade next to building (LAG)		<u>14</u> . <u>5</u>	X feet meters
g) Highest adjacent (finished) grade next to building (HAG)	<u>16</u> . <u>0</u>	X feet meters
 h) Lowest adjacent grade at lowest elevation of deck or structural support 	airs, including	N/A	X feet meters
SECTION D - SURVEYOR, ENGI	NEER, OR ARCHITEC	T CERTIFIC	ATION
This certification is to be signed and sealed by a land surveyor, I certify that the information on this Certificate represents my be statement may be punishable by fine or imprisonment under 18	st efforts to interpret the	data availab	aw to certify elevation information. le. I understand that any false
Were latitude and longitude in Section A provided by a licensed	AND COMMENT OF THE PARTY OF THE	s 🗆 No	Check here if attachments.
	nse Number 19732		
	19732	·	- MININE PORTE
Title PROJECT MANAGER			SO SEO PROFILE
Company Name JAMES J. CHINICHE, PA, INC.			ENGINEER O
Address 412 HWY. 90, SUITE 2			Here 19732 Q
City State BAY ST. LOUIS Miss	e ZIP Co issippi 39520		OF MISSIS BEEFE
Signature Date 10/19		none 464-6755	
Copy all pages of this Elevation Certificate and all attachments for	(1) community official, (2)	insurance aç	gent/company, and (3) building owner.
Comments (including type of equipment and location, per C2(e), NOTE: The description in A3. above is for information only & no map in section B4. Recommend verification of (BFE) by local but Owner is responsible for coordinating this certificate with Contra Section C1 Construction Drawings: As of this date, no construct manhole elevation 15.1 ft. Section C2.a) is to top of floor joists.	t to certify the building lo illding official. The flood ctor and/or Building Offic	zone is deter cial as neede	rmined by graphic plotting only. ed. Waveland freeboard = 1 ft.

IMPORTANT: In these spaces, copy the corresponding information from Section A.	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 106 ADRIENNE COURT (Vacant Land)	Policy Number:				
City State ZIP Code WAVELAND Mississippi 39576	Company NAIC Number				
SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT FOR ZONE AO AND ZONE A (WITHOUT BFE)	REQUIRED)				
FOR ZONE AO AND ZONE A (WITHOUT BFE) For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters. E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG). a) Top of bottom floor (including basement, crawlspace, or enclosure) is					
Property Owner or Owner's Authorized Representative's Name Address City St	ate ZIP Code				
	elephone				
	яерпопе				
Comments	□ Check here if attachments				
	Check here if attachments.				

IMPORTANT: In these spaces, copy the corr	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, S 106 ADRIENNE COURT (Vacant Land)	Policy Number:		
City	State	ZIP Code	Company NAIC Number
WAVELAND	Mississippi	39576	
SECTION	ON G - COMMUNITY INFO	ORMATION (OPTIONAL	.)
The local official who is authorized by law or o Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, er	Certificate. Complete the		
G1. The information in Section C was takengineer, or architect who is authorized data in the Comments area below.)			
G2. A community official completed Sect or Zone AO.	ion E for a building located	in Zone A (without a FE	MA-issued or community-issued BFE)
G3. The following information (Items G4-	-G10) is provided for comm	nunity floodplain manage	ment purposes.
G4. Permit Number	G5. Date Permit Issued	G6.	Date Certificate of Compliance/Occupancy Issued
G7. This permit has been issued for:	New Construction Su	bstantial Improvement	
G8. Elevation of as-built lowest floor (including of the building:	g basement)	fe	et meters Datum
G9. BFE or (in Zone AO) depth of flooding at	the building site:	fe	et meters Datum
G10. Community's design flood elevation:	8		et meters Datum
Local Official's Name	Ті	tle	
Community Name	Te	elephone	
Signature	D	ate	
Comments (including type of equipment and loc	cation, per C2(e), if applica	ble)	
			-
			Check here if attachments.

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, co	FOR INSURANCE COMPANY USE		
Building Street Address (including 106 ADRIENNE COURT (Vacant L	Policy Number:		
City	State	ZIP Code	Company NAIC Number
WAVELAND	Mississippi	39576	

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One

Photo One Caption FRONT VIEW ONLY 10/13/17

Photo Two

Photo Tw

FEMA Form 086-0-33 (7/15)

U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2018

ELEVATION CERTIFICATE Important: Follow the instructions on pages 1–9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A - PROPERTY INFORMATION FOR INSURANCE COMPAN						RANCE COMPANY USE	
A1. Building Owner's Name						Policy Num	ber:
	IVY 2018-068						
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.						Company N	IAIC Number:
106 ADRIENNE COURT							
City WAVELAND				State Mississippi		ZIP Code 39576	
A3. Property Desc	ription (Lot ar	nd Block Numbers, Tax	x Parce	l Number, Legal De	scription, etc.)		
LOT 3, THE SOUT	HEASTERLY	ONE-HALF OF LOT	2, AND	THE NORTHWEST	TERLY 20.0 FT. OF	LOT 4, ADI	REINNE COURT S/D.
A4. Building Use (e.g., Residen	tial, Non-Residential, A	Addition	, Accessory, etc.)	Residential		
A5. Latitude/Longi	tude: Lat. 30)-17-29.1	Long.	89-21-57.9	Horizontal Datum	: NAD 1	1927 X NAD 1983
A6. Attach at least	2 photograph	hs of the building if the	Certific	cate is being used to	o obtain flood insura	nce.	
A7. Building Diagra	am Number .	5					
A8. For a building	with a crawls	pace or enclosure(s):					
a) Square foo	tage of crawls	space or enclosure(s)		0 sq ft			
b) Number of	permanent flo	ood openings in the cra	wispac	e or enclosure(s) w	ithin 1.0 foot above	adjacent gr	ade 0
c) Total net ar	ea of flood op	penings in A8.b 0) ;	sq in			
d) Engineered	flood openin	gs? Tyes X No	0				
, , , , ,			~				
A9. For a building v				0			
		ed garage 0					
b) Number of	permanent flo	ood openings in the atta	ached (garage within 1.0 fo	ot above adjacent g	rade	0
c) Total net are	ea of flood op	enings in A9.b	0	sq in			
d) Engineered	flood opening	gs? 🗌 Yes 🕱 N	0				

		CTION B - FLOOD IN	ISURA	 		rion	
B1. NFIP Communi WAVELAND 28526		ommunity Number		B2. County Name HANCOCK			B3. State Mississippi
VV/(VEE/(IVE 2002)		-		TWITOGGIV	P		, mississippi
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date		IRM Panel ffective/	B8. Flood Zone(s)		se Flood Elevation(s) ne AO, use Base
28045C 0361	D	10/16/2009	R	evised Date /2009	AE		od Depth)
200400 0001		10/10/2000	10/10	72000	,,,,		
B10. Indicate the s	ource of the E	Base Flood Elevation (I	BFE) d	ata or base flood de	epth entered in Item	B9:	
		Community Determ	- 6				
B11. Indicate eleva	tion datum us	sed for BFE in Item B9	: [] N	GVD 1929 [X] NA	VD 1988 Oth	er/Source:	
B12. Is the building	located in a	Coastal Barrier Resou	rces Sy	stem (CBRS) area	or Otherwise Protec	cted Area (C	PA)? ☐ Yes ☒ No
Designation D	ate:		CBRS	☐ OPA			

IMPORTANT: In these spaces, copy the corresponding information from Sec	FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Rou 106 ADRIENNE COURT	Policy Number:	
CityStateZIPWAVELANDMississippi395	Code 76	Company NAIC Number
SECTION C - BUILDING ELEVATION INFORMAT	TION (SURVEY RE	EQUIRED)
	ding Under Construing is complete. FE), AR, AR/A, AR/ In Item A7. In Puerto NAVD 1988	riction* 🗵 Finished Construction AE, AR/A1–A30, AR/AH, AR/AO.
n) Lowest adjacent grade at lowest elevation of deck of stairs, including structural support		X leet
SECTION D – SURVEYOR, ENGINEER, OR ARC	HITECT CERTIFI	CATION
This certification is to be signed and sealed by a land surveyor, engineer, or architectify that the information on this Certificate represents my best efforts to interestatement may be punishable by fine or imprisonment under 18 U.S. Code, Section Were latitude and longitude in Section A provided by a licensed land surveyor?	oret the data availa ion 1001. 	law to certify elevation information. ble. I understand that any false Check here if attachments.
Certifier's Name License Number JASON P. CHINICHE P.E. 19732		ASON PARTIES
Title PROJECT MANAGER Company Name JAMES J. CHINICHE, PA, INC. Address 412 HWY. 90, SUITE 2 City State	ZIP Code	Place Seal 19735
BAY ST. LOUIS Mississippi	39520	
Signature Date 02/25/2018 Copy all pages of this Elevation Certificate and all attachments for (1) community off	Telephone (228) 464-6755 icial, (2) insurance a	agent/company, and (3) building owner.
Comments (including type of equipment and location, per C2(e), if applicable) NOTE: The description in A3. above is for information only & not to certify the bu map in section B4. Recommend verification of (BFE) by local building official. The Owner is responsible for coordinating this certificate with Contractor and/or Build Section C1 Construction Drawings: TBM is paint spot on sewer manhole elevation floor. Mechanical is air conditioning unit.	e flood zone is dete ing Official as need	ermined by graphic plotting only. led. Waveland freeboard = 1 ft.

IMPORTANT: In these spaces, copy the corresponding information from Section A. FOR INSURANCE COMPANY						
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and 106 ADRIENNE COURT	d Box No.	Policy Number:				
CityStateZIP CodeWAVELANDMississippi39576	•	Company NAIC Number				
SECTION E – BUILDING ELEVATION INFORMATION (SU FOR ZONE AO AND ZONE A (WITHOU		REQUIRED)				
For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check enter meters.	d to support a l the measurem	LOMA or LOMR-F request, nent used. In Puerto Rico only,				
E1. Provide elevation information for the following and check the appropriate boxes to the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).a) Top of bottom floor (including basement,	show whether	the elevation is above or below				
crawlspace, or enclosure) is	eet 🔲 meters	above or below the HAG.				
b) Top of bottom floor (including basement, crawlspace, or enclosure) is	eet meters	above or below the LAG.				
E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A It the next higher floor (elevation C2.b in the diagrams) of the building is	ems 8 and/or 9					
	et meters	White				
E4. Top of platform of machinery and/or equipment servicing the building is	et meters	above or below the HAG.				
E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor e floodplain management ordinance? Yes No Unknown. The local						
SECTION F - PROPERTY OWNER (OR OWNER'S REPRESE	NTATIVE) CEF	RTIFICATION				
The property owner or owner's authorized representative who completes Sections A, B, community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, a	The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.					
Property Owner or Owner's Authorized Representative's Name						
Property Owner or Owner's Authorized Representative's Name	=					
Property Owner or Owner's Authorized Representative's Name Address City	Stat	e ZIP Code				
		e ZIP Code				
Address City						
Address City Signature Date						
Address City Signature Date						
Address City Signature Date						
Address City Signature Date						
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Address City Signature Date						
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Address City Signature Date						
Address City Signature Date						
Address City Signature Date						

IMPORTANT: In these spaces, copy the corresponding information from Section A. FOR INSURANCE COMPANY							
Building Street Address (including Apt., Unit, S 106 ADRIENNE COURT	ute and Box No.	Policy Number:					
City WAVELAND	State ZIP Mississippi 395	Code 576	Company NAIC Number				
SECTION	ON G - COMMUNITY INFORMAT	ION (OPTIONAL)					
The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.							
	engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation						
G2. A community official completed Sect or Zone AO.	ion E for a building located in Zon	e A (without a FEMA	A-issued or community-issued BFE)				
G3. The following information (Items G4-	G10) is provided for community fl	oodplain manageme	ent purposes.				
G4. Permit Number	G5. Date Permit Issued	G6. D	late Certificate of ompliance/Occupancy Issued				
G7. This permit has been issued for:] New Construction ☐ Substantia	al Improvement					
G8. Elevation of as-built lowest floor (including of the building:	g basement)	feet	meters Datum				
G9. BFE or (in Zone AO) depth of flooding at	the building site:	feet	meters Datum				
G10. Community's design flood elevation:		feet	meters Datum				
Local Official's Name	Title		-				
Community Name	Telephor	ne					
Signature	Date						
Comments (including type of equipment and loc	cation, per C2(e), if applicable)						
			1				
			Check here if attachments.				

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2018

IMPORTANT: In these spaces, c	FOR INSURANCE COMPANY USE Policy Number:		
Building Street Address (including 106 ADRIENNE COURT			
City	State	ZIP Code	Company NAIC Number
WAVELAND	Mississippi	39576	

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One

Photo One Caption Front



Photo Two

Photo Two Caption Rear FEMA Form 086-0-33 (7/15)

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, o	FOR INSURANCE COMPANY USE Policy Number:		
Building Street Address (including 106 ADRIENNE COURT			
City	State	ZIP Code	Company NAIC Number
WAVELAND	Mississippi	39576	

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



Photo One

Photo One Caption Mech

Photo Two

Photo Two

Photo Two Caption